



State of Maryland

Advisory Council on Mental Hygiene/Planning Council

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary, DHMH

MARYLAND ADVISORY COUNCIL ON MENTAL HYGIENE/ PL 102-321 PLANNING COUNCIL

Minutes

March 19, 2013

Maryland Advisory Council Members: M. Sue Diehl, Vice Chair; Mike Finkle, Dennis McDowell, Livia Pazourek, Robert M. Pender, Charles Reifsnider, Anita Solomon

Maryland Advisory Council Members Absent: Gerald Beemer, Richard Blair, Jaimi L. Brown, Sarah Burns, Chair, Michele Forzley, Joshana Goga, Joanne Meekins, Edwin C. Oliver, John Scharf, John Turner, Sherrie Wilcox

Individuals highlighted as such are resigned members who have not yet been replaced.

PL 102-321 Council Members Present:

Robert Anderson, T.E. Arthur, Coordinator; Kim Bennardi, Eugenia W. Conolly, Herb Cromwell, Alice Harris, Victor Henderson, Adrienne Hollimon, Cynthia Petion, Sarah Rhine, Michelle Stewart, Kathleen Ward, Phoenix Woody

PL 102-321 Council Members Absent: Lynn Albizo, Carol Allenza, Coordinator; Naomi Booker, Tracee Bryant, Chicquita Crawford, Kate Farinholt, R. Terence Farrell, Rebecca Frechard, Vira Froehlinger, A. Scott Gibson, Gerri Gray, Julie Jerscheid, Michael Lang, Sharon Lipford, George Lipman, William Manahan, Dan Martin, Jacqueline Powell, Linda Raines, Sheryl Sparer, Jane Walker

MHA Staff Present: Brian Hepburn, Robin Poponne

Guests and Others: Karl Steinkraus, ValueOptions®Maryland; Lisa Hadley, Mental Hygiene Administration/Alcohol and Drug Abuse Administration; Tim Santoni, University of Maryland-Systems Evaluation Center; Miriam Yarmolinsky, Peer Wellness and Recovery Services;

c/o Mental Hygiene Administration

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Healthy People in Healthy Communities

INTRODUCTIONS/ADOPTION OF MINUTES:

The meeting was called to order by Planning Council Co-Coordinator, Thomas E. Arthur. Attendees introduced themselves. The draft minutes of the February 19, 2013 meeting were approved with correction. Herb Cromwell was marked as both absent and present. He was present and the on-line minutes have been changed to reflect this. The minutes are posted on the Mental Hygiene Administration's (MHA) Web site www.dhmh.maryland.gov/mha. The Maryland Advisory Council on Mental Hygiene's link is listed under "Resources".

ANNOUNCEMENTS:

Tim Santoni announced that he and colleagues from the Systems Evaluation Center (SEC) will present at the Behavioral Health Research Conference to be held 9:30 to 12:30 on April 10, 2013 at the University of Maryland at Baltimore County (UMBC) Technology Center. Presentations will include projects related to stigma, technology and outreach, and supported employment.

Mr. Santoni also discussed Data Shorts, a series of one-page quick analysis of some elements of the Public Mental Health System. They are available on MHA's Web site (cited above) and all are encouraged to view them on-line.

Federal Mental Health Block Grant - Cynthia Petion reported that SAMHSA announced that, due to budget uncertainties, it was unable to publish the FFY 2014-2015 Mental Health Block Grant (MHBG) application to allow states adequate time to prepare the documents; therefore, the April 1 submission date is no longer applicable. The MHBG will be submitted on the statutory date of September 1, 2013. The Planning Committee meeting to review the state and federal planning documents will be rescheduled sometime in May.

MHA State Mental Health Plan - The kick-off meeting with MHA Management Committee to address priorities for the development of the Annual State Mental Health Plan, will take place on March 21st and the meeting for stakeholders to give input toward strategies for the State Mental Health Plan will take place on April 26th. Information will be forthcoming shortly.

Lisa Hadley, M.D., J.D., Clinical Director, Mental Hygiene (MHA)/ Alcohol and Drug Abuse (ADAA) Administrations, gave brief discussions on:

- ADAA's Overdose Prevention program (in tandem with Senate Bill 610 that provides for an Overdose Response Program overseen by the Department of Health and Mental Hygiene), which has the goal of decreasing opiates death through increased education, prescription monitoring, and emergency response utilizing naloxone;
- ADAA's Early Intervention Grant application to SAMHSA to assist primary care providers to utilize screening tools such as the Screening, Brief Intervention, Referral, and Treatment (SBIRT), to increase identification and intervention for individuals with co-occurring issues. Eugenia Conolly added information stating that the grant would award \$2 million per year up to five years and the application is due April 29, 2013;
- The increased rate of reimbursement for codes for specific psychiatric services are now in effect instead of the original plan to begin in July and bill retrospectively; and
- Health Homes (due to some reductions in funding) will now begin full operation in October rather than mid-year.

THE 2013 LEGISLATIVE SESSION -

LEGISLATIVE REVIEW – Updates from Community Behavioral Health Association (CBH), Mental Health Association of Maryland (MHAMD), and Maryland Coalition of Families for Children’s Mental Health (MCF) and Maryland Disability Law Center (MDLC)

The Legislative Session - CBH and MHAMD provided lists of updated actions on proposed legislation for the 2013 session related to mental health. (See Attachments #1 and 2.) Herb Cromwell led discussions focused on the following bills:

- The State Budget bill - capital bond, and budget reconciliation and Financing Act - includes a \$5 million cut in community health services. CBH and other advocacy organizations will lobby against the cut. Also includes \$750,000 to be retained for start-up money to assist the development of health homes.
- Health Care Reform Implementation- last steps toward full implementation – hearings being held with a continuity of care clause
- The Governor’s gun control bill – concerns for requirements that persons with mental disorders be reported to a national data base, also concerns that all emergency petitions treated as implying equal risks
- Establishment of a commission to consider mental health related ways to limit mass violence by individuals with antisocial personality, depressive, or other mental health disorders
- Re-opening and maintenance of Upper Shore Community Mental Health Center – Gone
- Creates a task force on the delivery of services to individuals with mental illnesses – concerns that it adds the term “gravely disabled” to the standard for involuntary commitment and emergency petition evaluation
- Addition of a fee to every gun permit that would go into fund for mental health services
- Expungement of criminal records for individuals not criminally responsible - Gone
- Health insurance – federal and state mental health and addiction parity laws - compliance and distribution of information and rights
- Health Insurance – Utilization review criteria and standards – moving forward
- Establishment of an Overdose Response Program in specified areas
- Due process Hearings for Children with Disabilities – State agency would have the burden of proof in disputes over special education services
- Establishment of a Maryland Criminal Justice and State Behavioral Health Technical Assistance Center
- Safety net act to expand crisis services, school-based mental health programs, and essential community supports and services to offset historic underfunding – Still on the table
- Establishment of a Mental Health and Law Enforcement Advisory Board

For further details, please visit CBH’s Web site, www.mdcbh.org . Additional listings and information are available through the Mental Health Association of Maryland’s Web site, <http://www.mhamd.com> and through NAMI’s Web site, www.NAMI.org (click on advocacy and bills).

COUNCIL BUSINESS:

The Behavioral Health Council Workgroup finalized the SAMHSA's Center for Mental Health Services application to fund eight Planning Councils to join a National Learning Community in February. SAMHSA is very interested in the process of Councils coming together as truly integrated entities. Once again, Joint Council members are encouraged (as are the State Drug and Alcohol Advisory Council (SDAAC) members) to email Council leadership to give input toward what an integrated Behavioral Health Council should look like.

THE DIRECTOR'S REPORT:

MHA's Executive Director, Brian Hepburn, M.D., provided the following Director's Report:

The MHA Child and Adolescent Conference (held the same day, March 19, 2013) was well attended. The Children's Health Matters campaign is to be commended for such positive community public education outreach and the Poster contest, which produced a beautiful work of art by a student in the Prince George's County public school system.

Once again, Dr. Hepburn thanked the advocates who have come forth so far to testify for the MHA budget hearing and other legislative matters.

Budget/2013 Legislative Session:

Five million dollars, originally diverted to General Funds, were placed back into MHA's budget to offset a possible \$5 million deficit in state facilities' budget.

There is a \$10 million surplus in the community services budget which will offset a \$3 million deficit. Perhaps part can be spent for additional psychiatric services or to enhance the overall budget. The surplus must be spent by June 30, 2013.

A supplemental budget of \$5 million is under review. Some requests are being made for this funding to go toward: crisis intervention teams; a project to identify first psychosis in young people at risk; and expansion of the Mental Health First Aid program.

Behavioral Health Integration:

DHMH is moving ahead with Phase three of the proposed health care financing model (risk-based carve out). Elements of the clinical component are being reviewed. The Department is still anticipating a June or September, 2015 implementation. Because the new Medicaid Management Information System (MMIS) will need time to become operational, it is anticipated that the current administrative services organization (ASO), ValueOptions@Maryland, whose contract expires in September of 2014, will need an extension to its contract. Medicaid (MA) is expanding its data system as well. In the future, perhaps not right away, claims will most likely be paid by MA instead of the ASO, although the ASO will continue to make the authorizations. MHA will work with MA to have adequate access so that data reports can be developed in a timely manner.

PRESENTATION – THE RECOVERY ORIENTED SYSTEM OF CARE (ROSC) –
Deborah Green, Director of Treatment and Recovery Services, Alcohol and Drug Abuse
Administration (ADAA)

ROSC is a network of formal and informal services developed and mobilized to sustain long-term recovery for individuals and families impacted by substance use disorders. This approach is a strength-based model that views substance use conditions as chronic illnesses and not acute episodes. Recovery is comprised of three concepts – increased health and wellness, self-direction, and achievement of one's full potential. The Maryland model is based on continuity of care where there are equally weighted components of treatment, prevention, recovery, and somatic health. Additionally, ROSC emphasizes “recovery assets” – strengths that the individual brings, and hopes to increase, to reduce the severity of their current situation and that will lead to their success.

Five years ago, a steering committee was convened to make recommendations to support the development of services needed for ROSC in Maryland. Maryland ROSC incorporates outreach, engagement and interview, recovery guiding and coaching, and post treatment monitoring. A care coordinator acts as the system navigator and the link between levels of care for each individual who becomes involved in ROSC. ROSC also utilizes coaches and peer specialists. ADAA and MHA are in the process of formalizing statewide certification standards for all peer support specialists that will include training in WRAP and CCAR-Coach Academy Recovery .

Outreach often begins through outpatient treatment sources. Follow-up and maintenance are often accomplished through recovery community centers and recovery houses. These are non-clinical resources, such as On Our Own of Maryland wellness and recovery centers that partner with ADAA for ROSC services. In addition, there are adolescent club houses, also non-clinical, guided by a peer specialist who encourages sober activities, rules, and identification of resources. There are six club houses existing in Baltimore City, Fredrick and Anne Arundel counties. ROSC utilizes SMART system modules to collect data elements and recovery outcome measures.

For more information, please contact Ms. Green at 410-402-8592 or email at Debbie.Green@maryland.gov

The Executive Committee will meet today after the meeting.

The meeting was adjourned.

Please note, the Agenda for the May 21st Council meeting will be posted on the Advisory's Council's web page, under the resources section, on MHA's Web site
www.dhmf.maryland.gov/mha.